MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163-H)

CERTIFICATE OF DEATH

11909

Reg. Dist. No. 302

1. PLACE OF DEATH

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 49

Hospital, institution, or street address where death occurred: 23 Winter

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 23 Winter

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME (Murel) Merle Ambrose

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Marshall Ambrose

6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Nov 1- 1891

8. AGE: Years: 49 Months: 0 Days: 7 If less than one day: hrs. min.

9. Birthplace: Hagerstown, Washington Co. Md (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER 12. Name: John F. Boward

13. Birthplace: Hagerstown, Md

MOTHER 14. Maiden name: Emma J. Shafer

15. Birthplace: Hagerstown, Md

16. Informant: Mrs. Margaret Law

Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 10-1940 (month) (day) (year)

Cemetery or crematory: ~~Rest Haven~~ Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. Nov. 8. 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 7 1940, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw her alive on ... 19...

Immediate cause of death	DURATION
Illuminating gas poisoning	11/7/40
Due to (gas stove)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: Nov. 7 '40

Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: gas poisoning turned kitchen stove on Injured at work? No

23. SIGNATURE: S. Robert Mell DEPUTY MEDICAL EXAM WASH. CO., MD.

M. D. or other

Address: Hagerstown, Md. Date signed: 11/8/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1940
REAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124E)

CERTIFICATE OF DEATH

11910

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington

City or town near Chewsville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Chewsville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Rheuben H. Baechtel

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of ~~[illegible]~~ wife Mrs. Fannie Baechtel

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 30 - 1867

8. AGE: Years 73 | Months 4 | Days 21 | If less than one day ... hrs. ... min.

9. Birthplace Chewsville Washington Md (Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business —

FATHER

12. Name Daniel Baechtel

13. Birthplace Greensburg, Wash. Co. Md

MOTHER

14. Maiden name Sarah Cost

15. Birthplace Leitersburg Md

16. Informant Mrs. Fannie Baechtel

Address Chewsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 23-1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Smithburg Md

18. Funeral director Scott F. Minnich & Son

Address Hagerstown Md

19. Nov 21 1940 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1940 at 3.30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 11 1939 to Nov 21 1940 and that I last saw him alive on Nov 21 1940

Immediate cause of death	DURATION
Pulmonary Infarction	3 days
Due to Mitral Stenosis	20 yrs
Chronic myocarditis	10 yrs
Due to Cirrhosis of Liver	1 yr
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE G. E. Kohler M. D. or other

Address Smithsburg Date signed 11/21/40

Kohler

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DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

11911

Reg. Dist. No. 300

1. PLACE OF DEATH:

County Washington County

City or town Sharpsburg Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 68 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME John Franklin Benner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Stella Benner

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) April 20 1872

8. AGE: Years	Months	Days	If less than one day
68	6	19	hrs. min.

9. Birthplace Sharpsburg Md
(Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Frank Benner
13. Birthplace Sharpsburg Md

MOTHER
14. Maiden name Kate Hines
15. Birthplace Sharpsburg Md

16. Informant Stella Benner (wife)

Address Sharpsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10 1940 (month) (day) (year)

Cemetery or crematory Mt. View Cemetery

Location Sharpsburg Md.

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. 11/9 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1940, at 2 P.M.

21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from about Nov 1 1940, to Nov 8 1940.

and that I last saw h alive on Nov 7, 1940

Immediate cause of death	DURATION
Pneumonia	2 days
Due to Coronary Thrombosis	2 yrs.
Due to	
Other conditions Senile Dementia	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Sheely M.D.
M.D. or other

Address Sharpsburg, Md. Date signed 11/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 7 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-L)

CERTIFICATE OF DEATH

11912

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred: Washington Co.

How long in hospital or institution? 1 Day.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 330 S. Locust

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME John M. Bond

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6.(b) Name of husband or wife: Ada A. Bond

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Sept. 26 - 1870

8. AGE: Years: 70 | Months: 1 | Days: 15 | If less than one day: ... hrs. ... min.

9. Birthplace: Harpers Ferry, Jefferson Co. W. Va.

(Town, county, and state)

10. Usual occupation: Contractor

11. Industry or business:

FATHER — 12. Name: John Bond

13. Birthplace: W. Va.

MOTHER — 14. Maiden name: Sarah Piper

15. Birthplace: W. Va.

16. Informant: Aldridge Bond.

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14 - 1940 (month) (day) (year)

Cemetery or crematory: Rest Haven

Location: Hagerstown Md

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown Md.

19. NOV 13 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11 19 40, at 3:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 8 19 40 to Nov 11 19 40

and that I last saw h... alive on Nov 11 19 40

Immediate cause of death	DURATION
Nephritis (Chronic)	?
Due to	
Due to	
Other conditions Bronchopneumonia	5 da.

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. D. Bradley M. D. or other

Address: Hagerstown, Md. Date signed: 11/14/40

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DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-01

CERTIFICATE OF DEATH

11913

Reg. Diat. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Washington County
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 755 S. Potomac
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Mary E. Bowers

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6.(b) Name of husband or wife: George W. Bowers
6.(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Oct 29 - 1865

8. AGE:

Years	Months	Days	If less than one day
75	1	—	hrs. min.

9. Birthplace: Funkstown, Washington Co. Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: own Home

FATHER
12. Name: Arthur Eseminger
13. Birthplace: Funkstown, Md.

MOTHER
14. Maiden name: Martha Fisher
15. Birthplace: Funkstown, Md

16. Informant: John M. Bowers
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28. 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md.
18. Funeral director: E. M. Suter & Sons
Address: Hagerstown, Md

19. Nov. 30, 1940 (Date rec'd by registrar) Thad H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 28 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 26, 1940, to Nov. 28, 1940 and that I last saw h— alive on Nov. 28, 1940

Immediate cause of death	DURATION
Hypertrophy Sclerosis of Heart	30 days
Contracted Kidneys	30 days
Due to	
Due to	
Other conditions Cerebral Hemorrhage	Oct 25, 1940

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results: Same as above.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. Howard George M. D. or other
Address: Hagerstown, Md. Date signed Nov. 29, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11914

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or ~~town~~: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

~~Hospital~~, Institution, or street address where death occurred: 142 N. Potomac St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or ~~town~~: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 142 N. Potomac St

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary Ellen Braly

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6.(b) Name of husband or ~~wife~~: E. E. Braly.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 11 - 1861

8. AGE:

Years	Months	Days	If less than one day
79	9	15	..... hrs. ..... min.

9. Birthplace: Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER

12. Name: Charles A. Cramwell

13. Birthplace: Leesburg, Va.

MOTHER

14. Maiden name: Susan J. Hilliard

15. Birthplace: Hagerstown, Md

16. Informant: Mrs. James L. Elliott

Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rose Hill

Location: Hagerstown, Md

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. Nov 28, 40 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26, 1940, at 7:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 24, 1931 to Nov. 26, 1940 and that I last saw her alive on November 25, 1940

Immediate cause of death	DURATION
Hypertensive cardio-vascular-renal disease.	10 yrs.
Due to	
Due to	
Other conditions: Arteriosclerosis.	

(Include pregnancy within 3 months of death)

Major findings of operations: No operations.

Date of op.

Autopsy results: No autopsy.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: R. A. Bell M. D. or other

Address: Hagerstown Maryland Date signed: 11/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. R. A. Bell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-A)

CERTIFICATE OF DEATH

11915

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 weeks
Hospital, institution, or street address where death occurred: Wash. Co. Hospital
How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: near Sharpsburg (If outside city or town limits, write RURAL and give nearest town)
Street No. near Sharpsburg. (If rural, give LOCATION)
2.(a) If veteran, name war: none

3. (a) FULL NAME: Flezzie Franklin Bussard

3. (b) Social Security Number: none.

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife: Single
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): April - 4 - 1879
8. AGE: Years: 61 Months: 7 Days: 5 If less than one day: ..... hrs. ..... min.
9. Birthplace: Sharpsburg Wash. Co. Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Own Farm
FATHER 12. Name: John D. Bussard.
FATHER 13. Birthplace: Sharpsburg Wash. Co. Md.
MOTHER 14. Maiden name: Mary Domer
MOTHER 15. Birthplace: Sharpsburg Wash. Co. Md
16. Informant: Charles D. Bussard.
Address: Keedysville Md. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 13. 1940 (month) (day) (year)
Cemetery or crematory: Locust Grove Cemetary
Location: Locust Grove Wash. Co. Md.
18. Funeral director: Wm. J. Bast & Son
Address: Boonsboro, Md.
19. Nov. 11. 1940 (Date rec'd by registrar) Chas. Hoover Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9. 1940, at 6. P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 1940, to Nov 9 1940
and that I last saw h.im alive on Nov 9 1940

	DURATION
Immediate cause of death: Uremia	1 mo. plus
Due to: Prostatic obstruction & malignancy (X ray) Left Kidney (Pyelogram)	6 mo. plus ?
Due to:	
Other conditions: Probable metastasis to Lungs. X ray not conclusive & Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings of operations: Not operated
Date of op. .....
Autopsy results: not permitted
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: J. L. Houghton M.D. (M. D. or other)
Address: Hagerstown, Md. Date signed Nov 12, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

Dr. Houghton (M)

RECEIVED
DEC 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11916

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 39 years
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown R F D 1
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Midway Road
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: James F. Butts

3.(b) Social Security Number: 214-09-5534

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Grace L. Butts
6.(c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): February 2, 1901

8. AGE:

Years	Months	Days	If less than one day
39	9	17	....hrs. ....min.

9. Birthplace: Hagerstown- Wash. Md.
(Town, county, and state)
10. Usual occupation: Shoe Factory Worker
11. Industry or business:

FATHER
12. Name: James Oliver Butts
13. Birthplace: Frederick County, Md.

MOTHER
14. Maiden name: Ella Catherine Smith
15. Birthplace: Washington County, Md.

16. Informant: Mrs. Grace L. Butts
Address: Hagerstown, Md. R D 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 23, 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Nov 21, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 19, 1940, at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ....19...., to ....19....
and that I last saw him alive on ....19....

Immediate cause of death	DURATION
Coronary Sclerosis with occlusion	11/19/40
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.: -----
Autopsy results: Same as above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: No Date of: -----
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): No
Means of injury: ----- Injured at work? No

23. SIGNATURE: J. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD.
M. D. [redacted]
Address: Hagerstown, Md. Date signed: 11/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-15

RECEIVED
NOV 29 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

11917

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years.

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 36 N. Mulberry Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Agnes B. Byrd

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Derrick F. Byrd

6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): January 7 1887

8. AGE: Years	Months	Days	If less than one day
53	9	7	....hrs. ....min.

9. Birthplace: Berkley County, W. Va. (Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business

FATHER — 12. Name: Nevin Ashby

13. Birthplace: Berkley County, W. Va.

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Derrick F. Byrd

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 6. 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. 11-6-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 3, 1940 1:50 P. M. at ....M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30 1940, to November 3 1940 and that I last saw her alive on November 3, 1940

Immediate cause of death	DURATION
Coma	24 hrs.
Due to: Diabetes Mellitus	Don't know
Due to:	
Other conditions: Acidosis and arterosclerosis and gangrene	Don't know

(Include pregnancy within 3 months of death)

Major findings of operations: No operation

Date of op.

Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: x Date of: x

Where did injury occur? x (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): x

Means of injury: x Injured at work? x

23. SIGNATURE: W. P. Bender M.D. M. D. or other

Address: Hagerstown, Md. Date signed: 11/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d)

Reg. Dist. No. 303

11918

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Washington Co.
(b) City or town Big Spring Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Washington
(c) City or town Big Spring Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William S. Chaney

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single,~~ married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7 1860

8. AGE: Years 80 | Months 2 | Days 6 | If less than one day ____hr. ____min.

9. Birthplace Washington Co.
(Town, county, and state)

10. Usual occupation Farm Work

11. Industry or business

FATHER
12. Name William Chaney
13. Birthplace Washington Co.

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs. Samuel Shenebeck
(b) Address Big Spring md R.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16 1940 (month) (day) (year)
(c) Cemetery or crematory Lutheran
Location Clear Spring

18 (a) Funeral director Snyder Rockland
(b) Address Clear Spring Md

19 (a) Nov 16 1940 (Date rec'd by registrar) (b) J. Nelson W. Murray Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 13 1940, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15, 1940, to Nov. 13, 1940, and that I last saw him alive on Nov 12, 1940.

Immediate cause of death	Duration
Chronic Myocarditis	1 year.
Due to	
Due to	
Other conditions Arteriosclerosis	5 yrs.
Chronic Bronchitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** David R. Brewer M.D. (M. D. or other)
Address Clear Spring Md. Date signed 11/14/40.

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
DEC 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11919

Reg. Dist. No. 304

1. PLACE OF DEATH:
County Washington
City or town Hancock
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infant give residence of mother)
State Maryland County Washington
City or town Hancock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dufaud Childers

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 15 1940
8. AGE: Years — Months — Days — If less than one day ___ hrs. ___ min.
9. Birthplace R F D Hancock Md (Town, county, and state)
10. Usual occupation none
11. Industry or business
12. FATHER Name James Childers
13. Birthplace Paw Paw W Va.
14. MOTHER Maiden name Jenny Ashman
15. Birthplace Fulton Co Pa.
16. Informant James Childers
Address Hancock Md.
17. Burial Date thereof 11 (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory Riverview Cem.
Location Hancock Md.
18. Funeral director Snyder Rowland
Address Hancock Md.
19. 11/15 1940 Jo Jenkins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1940, to Nov 15 1940, and that I last saw h alive dead Nov 15 1940.

Immediate cause of death	DURATION
Suffocation	
Due to placenta previa	
Due to premature separation placenta	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D M Shaffer MD M. D. or other
Address Hancock Date signed 11/15/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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DEC 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-L)

11920

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 31 E. Washington St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No.: 31 E. Washington (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Cora L. Clapp

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widow

B.(b) Name of husband or wife: Lee D. Clapp

B.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Nov. 17 - 1864

8. AGE: Years 75 | Months 11 | Days 24 | If less than one day ... hrs. ... min.

9. Birthplace: St James Wash Co. Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER: 12. Name: William James

13. Birthplace: St James, Md.

MOTHER: 14. Maiden name: Elizabeth Dubel

15. Birthplace: St James, Md.

1B. Informant: W. J. Clapp

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 13-1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md

1B. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md

19. Nov. 12 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 10 1940, at 11 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937, to Nov. 10 1940 and that I last saw her alive on Nov. 10 '40 1940

Immediate cause of death: Hypertension arterial — DURATION: 1936

Due to: Chr. myocarditis — 1937

acute ventricular fibrillation — 11/10/40

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. Robert Wells M. D.

M. D. or other

Address: Hagerstown, Md. Date signed: Nov. 11/40

RECEIVED
DEC 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11921

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or Town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Washington County

How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or Town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 159 S. Potomac

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: James S. Clingan

3.(b) Social Security Number: 705-10-7669

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife: Laura Clingan

6.(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Jan 1 - 1866

8. AGE:

Years	Months	Days	If less than one day
74	10	9	hrs. min.

9. Birthplace: Stone Bridge, Va. (Town, county, and state)

10. Usual occupation: Retired R.R. Engineer

11. Industry or business

FATHER

12. Name: Samuel Clingan

13. Birthplace: White Post, Va

MOTHER

14. Maiden name: Virginia Board

15. Birthplace: White Post, Va.

16. Informant: Thomas Clingan

Address: Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12-1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown

18. Funeral director: C.M. Suter & Son.

Address: Hagerstown Md

19. Nov 12, 1940 (Date rec'd by registrar) C. Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9th, 1940, at 11 a. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 15, 1940, to Nov. 9, 1940 and that I last saw h[im] alive on Nov. 9, 1940

Immediate cause of death	DURATION
Carcinoma of Colon (Sigmoid)	Indef.
Due to	
Due to	
Other conditions Chronic Nephritis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: Carcinoma of Sigmoid Colon, Infarcts of Kidney

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: B. B. Kneisley M. D. or other

Address: Hagerstown, Md. Date signed 11/11/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1940
BUREAU U. S.

11922

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(119-a)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 hrs.

Hospital, institution, or street address where death occurred: Wash. Co Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 735 Virginia Ave
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Tommy Lee Cook

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife none

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 21 - 1940

8. AGE: Years — Months — Days 22 If less than one day ..... hrs. ..... min.

9. Birthplace Hagerstown Wash. Co Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Lee W. Cook.
13. Birthplace Dover Delaware.

MOTHER
14. Maiden name Frances E Clarke
15. Birthplace Hagerstown. Md

16. Informant Lee W. Cook.
Address Hagerstown. Md

17. Burial. Date thereof Nov. 14, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cem

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md

19. Nov. 13, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1940 at 2P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/12/40 19 to 11/12/40 19
and that I last saw him alive on 11/12/40 19

Immediate cause of death Convulsions — DURATION 4 hrs.

Due to Gastro-enteritis. C.W.G.R. Duration 24 hours

Due to Sepsis — 4 hrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Young MD
M. D. or other

Address Hagerstown Date signed 11/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Earl Young

CEIVED
DEC 6 1940
U. S.

11923

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(48-B) ✓

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Rural Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred: Washington Co. Home

How long in hospital or institution? 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Washington

City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Nora A. Gosey

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 9. 1878

8. AGE: Years 62 | Months 8 | Days 19 | If less than one day ... hrs. ... min.

9. Birthplace: Franklin Co. Pa
(Town, county, and state)

10. Usual occupation: House Keeper

11. Industry or business

FATHER
12. Name: Calvin L. Cosey
13. Birthplace: Pa

MOTHER
14. Maiden name: Katie Dentler
15. Birthplace: Pa

16. Informant: William Cosey
Address: 337 Bryan Place

17. Shank (Burial, cremation, or removal. Which?) Date thereof: Nov. 30. 1940 (month) (day) (year)

Cemetery or crematory: Shank's

Location: near Greencastle

18. Funeral director: A. E. Munnich
Address: Greencastle Pa

19. Nov. 28 1940 (Date rec'd by registrar) Janet M. Foltz Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 28 1940, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1939, to Nov. 28 1940 and that I last saw her alive on Nov. 28 1940

Immediate cause of death: Carcinoma of Uterus. — DURATION: 1½ yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. H. Beachley M.D. M. D. or other

Address: Hagerstown, Md. Date signed 11/28/40.

VS A15 (T) MARGIN RESERVED FOR BINDING (I) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (M)

DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

48-A ✓

11924

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs

Hospital, institution, or street address where death occurred:

164 Mill St

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington.

City or town: Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 164 Mill

(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME

Mrs Carrie Viola Crilly

3.(b) Social Security Number 214-22-4812

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6.(b) Name of husband or wife: John. S.

6.(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): May 14 - 1907

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
30	6	7		

9. Birthplace: Rohrersville Wash. Co Md.

(Town, county, and state)

10. Usual occupation: laborer

11. Industry or business: Troy laundry.

FATHER — 12. Name: George Metz

FATHER — 13. Birthplace: Rohrersville Md

MOTHER — 14. Maiden name: Martha Lizer

MOTHER — 15. Birthplace: Mt Lena Md

16. Informant: John Crilly

Address: Hagerstown. Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: NOV 23-1940 (month) (day) (year)

Cemetery or crematory: Bakersville Cemetery

Location: Bakersville Md.

18. Funeral director: Andrew K Coffman

Address: Hagerstown Md

19. NOV. 23. 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 21 1940, at 2.45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 39, to Nov 19 40

and that I last saw h. alive on Nov 20 19 40

Immediate cause of death	DURATION
Carcinoma cervix	15 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. T. Campbell M. D. or other

Address: Hagerstown Md Date signed: Nov 22 1940

Dr. E T Campbell.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

11925

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
County: Washington
City or town: Downsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred: at Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Downsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Main St.
(If rural, give LOCATION)
2.(a) If veteran, name war: None.

3.(a) FULL NAME: Benjamin Franklin Daugherty

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Alice Virginia Daugherty
6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): January - 26 - 1860

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
80	10	2		

9. Birthplace: Downsville Wash. Co. Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Retired

FATHER
12. Name: James Daugherty
13. Birthplace: Wash. Co.

MOTHER
14. Maiden name: Elizabeth Palmer
15. Birthplace: Wash. Co. Md.

16. Informant: Mrs. Howard Daugherty
Address: Williamsport Md. R.1.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 1. 1940 (month) (day) (year)
Cemetery or crematory: Manor Cemetary.
Location: Near Hagerstown Md.

18. Funeral director: W. H. Bartholow
Address: Boonsboro Md

19. Nov. 30 1940 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 26 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1940, to Nov. 26 1940
and that I last saw him alive on Nov. 27 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage.	Instant.
Due to: Arterio Sclerosis.	2 Years.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. M. Cunningham M. D. or other
Address: Williamsport Md. Date signed: 11/29/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S

STATE OF MARYLAND—CERTIFICATE OF DEATH

11926

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (8)

County Washington — Registration Dist. No. 302

Village or City Hagerstown — No. 72 Madison ave St., 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stillborn Baby Girl Dofflemeyer

(a) Residence: No. 72 Madison ave St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W	S.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 9, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Hagerstown (State or country) Md.

FATHER

13. NAME Marcus Lafayette Dofflemeyer

14. BIRTHPLACE (city or town) Shenandoah, Va. (State or country)

MOTHER

15. MAIDEN NAME Dora Sturm

16. BIRTHPLACE (city or town) Hagerstown (State or country) Md.

17. INFORMANT Marcus L. Dofflemeyer (Address)

18. BURIAL, CREMATION, OR REMOVAL Place On Premises Date Nov. 12, 1940

19. UNDERTAKER Falter (Address)

20. FILED Nov. 11, 1940 Chas. H. Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1940, to Nov 9, 1940

I last saw h[illegible] alive on Never, 19...; death is said to have occurred on the date stated above, at 10:30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Stillborn infant	

Other **Contributory Causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ~~H. L. Boyle~~

(Signed) H. L. Porterfield M. D.

(Address) 136 W. Washington St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-6)

11927

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 33

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 108 E. Baltimore Street (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Pearl Feiser

3. (b) Social Security Number 214-09-7624

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 14, 1907

8. AGE: Years	Months	Days	If less than one day
33	7	24	..... hrs. / ..... min.

9. Birthplace: Hagerstown- Wash. Maryland. (Town, county, and state)

10. Usual occupation: Store clerk

11. Industry or business

FATHER
12. Name: Ralph G. Feiser
13. Birthplace: Wrightsville, Pa.

MOTHER
14. Maiden name: Lenora Smith
15. Birthplace: Hagerstown, Md.

16. Informant: Mrs. Lenora Feiser

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 10, 1940 (month) (day) (year)

Cemetery or crematory: Boonsboro Cemetery

Location: Boonsboro, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Nov 10, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 7- 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan — 1938, to Nov 7- 1940 and that I last saw her alive on Nov 6 1940

	DURATION
Immediate cause of death: Sarcoma of Lungs-	?
Due to: Sarcoma of rt Elbow	1939
Due to: Fall in Jan 1938 on street injuring rt elbow-	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Sarcoma of rt elbow- Date of op. 1939-

Autopsy results: none -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Henry R Kritzer M.D. M. D. or other

Address: Hagerstown Md Date signed: Nov 8-40-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

11928

Reg. Dist. No. 30-2

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6-8-9-24
Hospital, institution, or street address where death occurred:
West C. Home
How long in hospital or institution? 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: ~~West C. Home~~
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Frank F. Fennell

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 4-1872

8. AGE: Years: 68 Months: 9 Days: 24 If less than one day: hrs. min.

9. Birthplace: Hagerstown Wash. Md (Town, county, and state)
10. Usual occupation: Machinist
11. Industry or business: Retired
FATHER 12. Name: Henry R Fennell
13. Birthplace: Hagerstown
MOTHER 14. Maiden name: Carrie Snyder
15. Birthplace: Chambersburg Pa
16. Informant: Mrs. Annie Brewer
Address: Hagerstown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 30-1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown Md
18. Funeral director: Scott F. Minnick & Son
Address: Hagerstown Md
19. Nov. 29. 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 28 1940, at 4.30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 28 1940
and that I last saw h... alive on Nov 26 1940
Immediate cause of death: Chronic Myocarditis — DURATION: 3yrs
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. H. Bradley M. D. or other
Address: Hagerstown Md Date signed: 11/28/40

Dr Bradley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

11929

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington

City or town Smithsburg RFD #2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Smithsburg #2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Maria Frey

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charles C. Frey

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) June 14 1863

8. AGE: Years 77 Months 4 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace Quincy Twsp. Pa (Town, county, and state)

10. Usual occupation Home duties.

11. Industry or business

FATHER

12. Name David Newcomer

13. Birthplace Washington Co. Md

MOTHER

14. Maiden name Catherine Friedly

15. Birthplace Franklin Co. Pa.

16. Informant C. C. Frey.

Address Smithsburg #2 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/5/40 (month) (day) (year)

Cemetery or crematory Wilty Cemetery

Location Smithsburg #2 Md

18. Funeral director Walter Y. Grove

Address Waynesboro Pa

19. Nov 5th 1940 (Date rec'd by registrar) Geo. W. Ferguson local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 1940, at 7P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1940, to Nov 2 1940, and that I last saw her alive on Nov 2 1940.

Immediate cause of death: Terminal Bronchio-Pneumonia — DURATION 2 day

Cerebral Thrombosis — 5 days

Due to Arterio Sclerosis — 4 yrs

(Cardio Vascular Hypertensive)

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. A. Kohler M. D. or other

Address Smithsburg Date signed 11/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

11930

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred: 170 So Prospect St

How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 170 So Prospect St
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Mrs Katherine H. Fridinger

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Harry T

6.(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Dec 14-1909

8. AGE:

Years	Months	Days	If less than one day
30	11	26	..... hrs. ..... min.

9. Birthplace Hagerstown Wash Co Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business own home

FATHER
12. Name Frederick T Hose
13. Birthplace Hagerstown.

MOTHER
14. Maiden name Lethea Wachtel
15. Birthplace Fairview Md

16. Informant Harry T Fridinger
Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 12-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md

18. Funeral director Andrew K. Coffman
Address Hagerstown Md.

19. Nov. 14 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1940 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to Nov. 11 1940

and that I last saw h pg alive on Nov. 10 1940

Immediate cause of death	DURATION
Carcinoma of Uterus	2 yrs.
Due to	
Due to	
Other conditions Secondary Anemia	1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma

Date of op.

Autopsy results None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Beachley M. D. or other

Address Hagerstown, Md Date signed 11/11/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

11931

Reg. Dist. No. .....

VS A15 (T) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (I) MARGIN RESERVED FOR BINDING (M)

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day.
Hospital, Institution, or street address where death occurred:
Washington County
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Cavetown
(If outside city or town limits, write RURAL and give nearest town)
Street No. .....
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Cassie L. Hamme

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: Edward Hamme
6.(c) If alive, give age: 57 years
7. Birth date of deceased (mo., day, yr.): Sept. 26 - 1886

8. AGE: Years	Months	Days	If less than one day
54	2	0	..... hrs. ..... min.

9. Birthplace: York Co. Pa. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: John Garmen
13. Birthplace: York Co. Pa
MOTHER 14. Maiden name: Catherine Smith
15. Birthplace: Lancaster, Pa
16. Informant: Edward Hamme
Address: Cavetown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28-1940 (month) (day) (year)
Cemetery or crematory: Stone Church.
Location: near Glen Rock Pa.
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md
19. 11-27-1940 (Date rec'd by registrar) Margaret B. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 26, 1940, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25, 1940, to Nov 26, 1940 and that I last saw h.er alive on Nov 25, 1940

Immediate cause of death: Cerebral hemorrhage — DURATION: 1 day.
Due to: Arterio-sclerosis
Due to: .....
Other conditions: .....
(Include pregnancy within 3 months of death)

Major findings of operations: .....
Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: R. S. Stauffer M. D. or other
Address: Hagerstown, Md. Date signed: Nov 27, 1940

RECEIVED
DEC 6 1940
BUREAU V. S.

Dr. Ralph Stanton

11932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred: Wash. Co. Hospital

How long in hospital or institution? 6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Mt. Lena (If outside city or town limits, write RURAL and give nearest town)

Street No. Main St. (If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Thomas Henry Harshman

3.(b) Social Security Number 214-10-4598

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Keyo D. Harshman

6.(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1881

8. AGE: Years 59 Months 1 Days 23 If less than one day ..... hrs. ..... min.

9. Birthplace Mt. Lena Wash. Co. Md. (Town, county, and state)

10. Usual occupation Construction Foreman

11. Industry or business Potomac Edison Co.

FATHER 12. Name William Harshman

13. Birthplace Beaver Creek Wash. Co. Md.

MOTHER 14. Maiden name Jennie Winders

15. Birthplace Beaver Creek, Wash. Co. Md.

16. Informant Mrs. Keyo Harshman

Address Boonsboro Md. R. 2.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10. 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cemtary

Location Hagerstown Md.

18. Funeral director W. T. Bast & Son

Address Boonsboro Md.

19. Nov. 9. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1940 at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from About 1934 19..., to Nov. 7 1940 and that I last saw him alive on Nov. 7 1940

Immediate cause of death: Cerebral hemorrhage

Due to: Hypertension disease

Due to:

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE J. Walter Layman M.D. M. D. or other

Address Hagerstown Md. Date signed 11-8-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J. Walter Layman 113 W. Wash. St.

RECEIVED
DEC 2 1940
U. S.

11933

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 72 yrs.

~~Hospital~~, Institution, or street address where death occurred: 241 S. Prospect

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 241 S. Prospect
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Charles Edward Hilliard

3. (b) Social Security Number 215-18-2785

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 18 – 1868

8. AGE:

Years	Months	Days	If less than one day
72	2	6	hrs. min.

9. Birthplace: Hagerstown, Wash Co. Md
(Town, county, and state)

10. Usual occupation: President Nicodemus Bank

11. Industry or business

FATHER
12. Name: Thomas E. Hilliard
13. Birthplace: Hagerstown, Md.

MOTHER
14. Maiden name: Ellenora Gilbert
15. Birthplace: Cavetown, Md

16. Informant: Miss Louise Hilliard
Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 26 – 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rose Hill

Location: Hagerstown, Md

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md

19. Nov. 26, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 24 1940, at 9:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1940, to Nov 24 1940 and that I last saw him alive on Nov 23, 1940

Immediate cause of death: Coronary Thrombosis

Due to: Arteria Sclerosis

Paraplegia (Left side)

Due to: (Spinal origin)

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

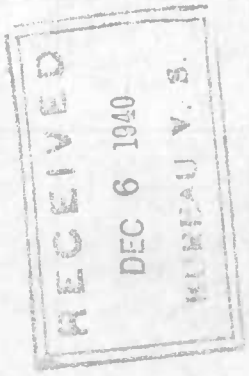
23. SIGNATURE: A P Stauffer M. D. or other

Address: Hagerstown, Md Date signed: Nov 25, 1940

VS A15 (T) (I) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. A. P. Stauffer



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-0)

CERTIFICATE OF DEATH

11934

Reg. Dist. No. 3-2

1. PLACE OF DEATH:

County Washington

City or town Hagerstown -

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 31 yrs -

Hospital, institution, or street address where death occurred:

Leitersburg Pike

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. Leitersburg Pike

(If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME Emma E Staley Horn

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife David C.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 6-1877

8. AGE: Years 63 | Months - | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace Martinsburg Berkely Co W-Va

(Town, county and state)

10. Usual occupation House work

11. Industry or business own home.

FATHER

12. Name Thos H. Staley

13. Birthplace Frederick Md.

MOTHER

14. Maiden name Nancy Miller.

15. Birthplace Martinsburg W. Va

16. Informant David C. Horn

Address Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov 5-1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cem

Location Hagerstown Md

18. Funeral director A. K. Cost-mare

Address Hagerstown, Md.

19. November 4 1940 (Date rec'd by registrar) Chas H Beaver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/29 1940, to 11/2 1940 and that I last saw h.er alive on 11/2 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days
Due to Hypertensive Cardio Vascular Renal Disease	7 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE F F Lusby M. D. or other

Address 170 W Wash St Date signed 11/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Lusby.

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DEC 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

11935

Reg. Dist. No. 302

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M)

1. PLACE OF DEATH:

County Washington

City or town Hagerstown Rt 4

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, Institution, or street address where death occurred:

Hagerstown Rt 4

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wash.

City or town Hagerstown Rt 4

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME David H. Horst

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Mary W. Horst

6.(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) aug 19 1863

8. AGE: Years	Months	Days	If less than one day
77	3	2	hrs. min.

9. Birthplace Maugansville Washington Md.

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name David Horst

13. Birthplace near Maugansville Md.

MOTHER 14. Maiden name Suzanna Horst

15. Birthplace Shippensburg Pa

18. Informant Mrs. Mary W. Horst

Address Hagerstown Md R# 4

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov 24 1940 (month) (day) (year)

Cemetery or crematory Reiffs Cemetery

Location near Cearfoss Md.

18. Funeral director Scott & Minnich & Son

Address Hagerstown Md.

19. Nov. 22 1940 (Date rec'd by registrar) Janet M. Holtz Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 3, 1939, to Nov. 21, 1940 and that I last saw him alive on November 20, 1940

Immediate cause of death, Chronic myocarditis — DURATION: About 1 years

Due to

Due to

Other conditions Arteriosclerosis — DURATION: 1

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE La Bell M. D. or other

Address Hagerstown Md. Date signed 11/22/40

La Bell.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

11936

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs

Hospital, institution, or street address where death occurred: Wash Co Hospital

How long in hospital or institution? 2 wks.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 439 Clereudon Av.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Mrs Ora May Hott.

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married.

6.(b) Name of husband or wife John B.

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) May 26-1885

8. AGE: Years 55 Months 5 Days 2. If less than one day ..... hrs. ..... min.

9. Birthplace Romney Hamshire Co W.Va.

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business own home.

FATHER

12. Name Jas. Haines

13. Birthplace Romney W.Va

MOTHER

14. Maiden name Mary Corbett.

15. Birthplace Romney W.Va

16. Informant William E Hott

Address Harrisburg Pa.

17. Burial. Date thereof Dec 1-1940

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Ebenezer Cemetery

Location Romney W.Va

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. Nov 29. 1940 Chas H Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1940 at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-39 19 to 11/28/40 19

and that I last saw her alive on 11/28/40 19

Immediate cause of death

Due to Multiple Abscesses of Liver

Due to

Other conditions Gall Stones

(Include pregnancy within 3 months of death)

DURATION: 10 day; 2 yr

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Young MD

M. D. or other

Address Hagerstown Md Date signed 11/29/40

Dr. Earl Young.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

11937

Reg. Diat. No. 362

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, Institution, or street address where death occurred:
232 E Franklin
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 232 E Franklin
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Lydia E. Huber

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	Married

6.(b) Name of husband or wife George Huber
6.(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) May 8 1888

8. AGE: Years 52 | Months 6 | Days 18 | If less than one day ... hrs. ... min.

9. Birthplace Hickville Wash Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER
12. Name Henry Lumm
13. Birthplace Smoketown Md
14. Maiden name Sarah E Rose
15. Birthplace Williamsport Wash Md

16. Informant Miss Ada V Lumm
Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 28 1940 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown Md

18. Funeral director Scott F. Minnich Son
Address Hagerstown Md

19. Nov. 27, 1940 (Date rec'd by registrar) Chas A Beavers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 26 - 1940, to Nov 26 1940
and that I last saw alive on Nov 26 - 40 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	20 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hagerstown Md Date signed Nov 27 1940

Ditto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

11938

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, Institution, or street address where death occurred: Washington Co. Home

How long in hospital or institution? 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town ~~Hagerstown~~ Halfway section
(If outside city or town limits, write RURAL and give nearest town)

Street No. ~~Wash. Co. Home~~ (a settlement bet. Hagerstown & Williamsport)
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Vernon Ingels

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 7 - 1874

8. AGE: Years 66 | Months 1 | Days 11 | If less than one day ..... hrs. ..... min.

9. Birthplace Portersville Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Mr. Harry Hutson

Address Hagerstown Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Nov 18-1940
(month) (day) (year)

Cemetery or crematory Wash. Co. Home

Location Hagerstown Md

16. Funeral director Scott F. Minnich & Son

Address Hagerstown Md

19. Nov 18 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at 6 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Nov 18 1940

and that I last saw h 1 alive on Nov 18 1940

Immediate cause of death Chronic Myocarditis — DURATION 2 mo.

Due to

Due to

Other conditions Cardiac Arteriosclerosis ?
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Bradley M.D.
M. D. or other

Address Hagerstown, Md Date signed 11/18/40

Dr Beachley

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-L)

CERTIFICATE OF DEATH

11939

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 years

Hospital, Institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 1 week 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 336 Bloom Court

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Virginia Johnson

3.(b) Social Security Number: None

4. Sex: Female

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 18 - 1941 191

8. AGE: Years: 29 Months: 6 Days: 4 If less than one day: hrs. min.

9. Birthplace: Knoxville Md (Town, county, and state)

10. Usual occupation: House Work

11. Industry or business: Domestic

FATHER 12. Name: Monroe Johnson

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Anna Johnson

MOTHER 15. Birthplace: Maryland

16. Informant: Anna Johnson

Address: 336 Bloom Court

17. Burial, cremation, or removal. Which? Burial Date thereof: Nov. 18-40 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown Md.

18. Funeral director: Johnson Caldwell

Address: Hagerstown Md

19. (Date rec'd by registrar) Nov. 16, 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14 1940 at 2:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 8 1940, to November 14 1940 and that I last saw her alive on November 14 1940

Immediate cause of death	DURATION
Cerebral Thrombosis	24 hrs.
Due to:	
Due to:	
Other conditions: Softening of Brain	Don't know

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.:

Autopsy results: Cerebral Thrombosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of: X

Where did injury occur? X (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): X

Means of injury: X Injured at work? X

23. SIGNATURE: W. A. Bender M.D. M.D. or other

Address: Hagerstown, Maryland Date signed: 11/15/40

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DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11940

(92-B)

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day -
Hospital, institution, or street address where death occurred:
203 Summit Ave.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 203 Summit Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war ND

3.(a) FULL NAME Thomas Kyle Kidwell.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Mollie.

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug 24 - 1873

8. AGE:

Years	Months	Days	If less than one day
67	2	19.	....hrs. ....min.

9. Birthplace Berkeley Co Morgan Co W. Va.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER

12. Name John S. Kidwell

13. Birthplace Berkeley Springs W. Va

14. Maiden name Mary E. Rida

15. Birthplace Berkeley Springs W. Va

16. Informant Mrs T. K. Kidwell

Address Hagerstown. Md

17. Buried. Date thereof Nov 14 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Shanks town Cemetery.

Location Big Pool Md

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Nov 13, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1940, at 30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 11 1940 to Nov 12 1940

and that I last saw h... alive on Nov. 12 1940

Immediate cause of death	DURATION
Uremia Myocarditis	
Due to	
Due to	
Other conditions Nephritis Mitral Regurgitation	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Beachley M.D. M. D. or other

Address Hagerstown, Md Date signed 11/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Beachley -

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DEC 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

CERTIFICATE OF DEATH

11941

Reg. Dist. No. 305

1. PLACE OF DEATH:

County: Washington

City or town: Boonsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years.

Hospital, institution, or street address where death occurred:

N. Main St.

How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Boonsboro.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: N. Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Edgar Lane Knode.

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Estelle Knode.

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): October - 6 - 1863

8. AGE: Years	Months	Days	If less than one day
77	0	29	..... hrs. ..... min.

9. Birthplace: Hagerstown Wash. Co. Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business: —

FATHER

12. Name: Samuel C. Knode.

13. Birthplace: Leitersburg Wash. Co. Md.

MOTHER

14. Maiden name: Mary Katherine Lane

15. Birthplace: Myersville Fred. Co. Md.

16. Informant: J. Hubert Knode.

Address: Boonsboro Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Nov. 7. 1940 (month) (day) (year)

Cemetery or crematory: Boonsboro Cemetary

Location: Boonsboro Md.

18. Funeral director: Wm. J. Bast & Son

Address: Boonsboro Md.

19. Nov. 6. 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 5th 1940, at 2.30 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 15" 1939., to Nov. 5th 1940

and that I last saw h.. alive on Nov. 5th 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	22 Mos.
Due to	
Due to	
Other conditions	

(Includo pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: J. Hubert Knode. M. D. (M. D. or other)

Address: Boonsboro. Md. Date signed 11/6/40.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

11942

Reg. Diat. No. 311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 102 Artizan St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Roy Lesher Kreps

3. (b) Social Security Number: 217-16-2967

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 24 1923

8. AGE: Years	Months	Days	If less than one day
17	8	24	hrs. min.

9. Birthplace: Williamsport, Md (Town, county, and state)

10. Usual occupation: Silk Mill Worker (Summer)

11. Industry or business: Silk Mill Williamsport

FATHER 12. Name: Lesher Lewis Kreps

13. Birthplace: Williamsport, Md

MOTHER 14. Maiden name: Mary Nave

15. Birthplace: Williamsport, Md

16. Informant: Lesher Lewis Kreps (father

Address: Williamsport Md RFD #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 20 1940 (month) (day) (year)

Cemetery or crematory: Riverview Cemetery

Location: Williamsport, Md

18. Funeral director: Edith V Leaf

Address: Williamsport, Md

19. Nov. 20 1940 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 18, 1940, at 12:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	DURATION
Gunshot wound post. chest(L)	11/18/4
Due to hemorrhage&shock	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Nov. 18 '40

Where did injury occur? near Downsville (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Neck Road

Means of injury: Gunshot -shotgun Injured at work? No

23. SIGNATURE: J. Richard Wells DEPUTY MEDICAL EXAM. WASH. CO., MD.
M. D. or other

Address: Hagerstown, Md. Date signed: 11/19/40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

11943

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Zittlestown near Boonsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 71 years

Hospital, institution, or street address where death occurred:

at Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Zittlestown

(If outside city or town limits, write RURAL and give nearest town)

Street No. near Boonsboro

(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Lassa Catherine Lafole

3.(b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife William Lafole

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April - 10 - 1852

8. AGE:

Years	Months	Days	If less than one day
88	7	4	..... hrs. ..... min.

9. Birthplace Near Middletown Fred. Co. Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER

12. Name Daniel Rent

13. Birthplace Germany.

MOTHER

14. Maiden name Mary Houpt

15. Birthplace Near Middletown Fred. Co. Md.

16. Informant Mrs. Philip Derr

Address Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 17. 1940 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetary

Location Boonsboro Md.

18. Funeral director Wm. J. Bast & Son

Address Boonsboro Md

19. Nov 17. 1940 William J. Bast

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November - 14. 1940 at 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 2. 1940, to Nov 14 1940

and that I last saw h... alive on Nov. 7th 1940

Immediate cause of death	DURATION
Chronic Myocarditis	12 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Hubert Wade. M. A. M. D. or other

Address Boonsboro Md. Date signed 11/16/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1940
BUREAU V. S.

11944

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, institution, or street address where death occurred: Washington County Home

How long in hospital or institution? 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: ~~Washington~~ alleg.

City or town: ~~Hagerstown~~ Cumberland (If outside city or town limits, write RURAL and give nearest town)

Street No.: ~~Wash. Co. Home~~ (If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME John Lucas

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Unknown

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE:

Years	Months	Days	If less than one day
about 65			..... hrs. ..... min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual occupation: "

11. Industry or business: "

FATHER
12. Name: "
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace: "

18. Informant: Mr. Harry Hutson

Address: Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 19-40 (month) (day) (year)

Cemetery or crematory: Wash. Co. Cemetery

Location: Hagerstown Md.

18. Funeral director: Scott F. Minnich & Son

Address: Hagerstown Md.

19. Nov. 19, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 17 1940 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Nov 17 1940 and that I last saw h 1 alive on Nov 17 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 5 Days

Due to:

Due to:

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: J H Bradley M. D. or other

Address: Hagerstown Md Date signed: 11/17/40

Dr Bradley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

11945

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

County: Washington

City or town: Indian Springs Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Clearspring, Md. R F D

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Mooresville Dist Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Big Pool, Md. R F D
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Lloyd W. Martin

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lottie Martin

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): October 11, 1882

8. AGE: Years	Months	Days	If less than one day
58	1	10	hrs. min.

8. Birthplace: Washington County, Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: John R. Martin
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Mary Kintsell
15. Birthplace: Washington County, Md.

16. Informant: Mrs. Lottie Martin
Address: Clearspring, Md. R F D

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 24, 1940 (month) (day) (year)

Cemetery or crematory: Shanktown Cemetery

Location: Shanktown, Md.

18. Funeral director: Snyder-Rowland Funeral Home
Address: Clearspring, Md.

19. Nov 24 1940 (Date rec'd by registrar) Joseph W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 21 1940, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 17 1940, to Nov 21 1940 and that I last saw him alive on Nov 20 1940

Immediate cause of death	DURATION
Chr. Myocarditis	2 yrs
Chr. Nephritis	2 yrs
Arteriosclerosis	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert P. Conrad, M.D. M. D. or other

Address: Hagerstown, Md Date signed: 11-22-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 7 1940
BUREAU V. S.

11946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years.

Hospital, institution, or street address where death occurred: at Home.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 110 Clarkson Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Leila May Martz

3. (b) Social Security Number none.

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Alvey H. Martz.

6.(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) July-21-1892

8. AGE: Years 48 | Months 4 | Days 4 | If less than one day ..... hrs. ..... min.

9. Birthplace Beaver Creek Wash. Co. Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home.

FATHER
12. Name Luther Hurd.
13. Birthplace Beaver Creek Wash. Co. Md.

MOTHER
14. Maiden name Eliza Smith
15. Birthplace Boonsboro Wash. Co. Md.

16. Informant Alvey H. Martz.

Address 110 Clarkson Ave. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28. 1940 (month) (day) (year)

Cemetery or crematory Mt. Carmel Cemetary

Location Mt. Carmel Wash. Co. Md.

18. Funeral director Wm. F. Bast & Son

Address Boonsboro Md.

19. Nov. 26. 1940 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 (25th) 1940, at 8:10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from --- 19..., to ..... 19.....

and that I last saw her alive on ..... 19.....

Immediate cause of death: Cerebral hemorrhage (acute)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 11/26/4

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD. M.D. or other

Address Hagerstown, MD. Date signed Nov. 26 '40

Dr. Philip Hirshman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-D)

CERTIFICATE OF DEATH

11947

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town 338 South St.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 32 yrs.
Hospital, Institution, or street address where death occurred:
338 South St.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 338 South St.
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Frank Saverio Mazzo

3.(b) Social Security Number 205-07-7735

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Bertha
6.(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Oct 10 - 1876

8. AGE: Years	Months	Days	If less than one day
64	1	14	...hrs. ...min.

9. Birthplace Bianco Italy
(Town, county, and state)
10. Usual occupation Track Foreman B&O RR.
11. Industry or business Retired.
FATHER 12. Name Joseph Mazzo
13. Birthplace Bianco Italy
MOTHER 14. Maiden name Mary Costanzo
15. Birthplace Bianco Italy
16. Informant Joseph Mazzo.
Address New York City.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov 29-1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown Md
18. Funeral director Andrew K. Coffman
Address Hagerstown Md.
19. Nov 29 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27. 1940 at 9 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/1 - 1940 to 11/26 1940
and that I last saw him alive on 11/26 1940

Immediate cause of death	DURATION
Carcinoma Rectum -	1 year (?)
Due to (?)	
Due to -	
Other conditions -	

(Include pregnancy within 3 months of death)

Major findings of operations - None
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Victor D. Miller
DR. VICTOR D. MILLER, M. D. or other
Address 131 W. WASHINGTON, ST. HAGERSTOWN, MD. Date signed 11/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Victor Miller

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

11948

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? one year

Hospital, Institution, or street address where death occurred: 10 Public Square

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 10 Public Square

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Bessie Mae McMechen

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: William T. McMechen

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 27, 1880

8. AGE: Years	Months	Days	If less than one day
60	0	18	..... hrs. ..... min.

9. Birthplace: Leitersburg- Wash. Md. (Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business

FATHER

12. Name: Frank B. Slick

13. Birthplace: Leitersburg, Md.

MOTHER

14. Maiden name: Mollie B. Zeigler

15. Birthplace: Leitersburg, Md.

16. Informant: Mrs. Louise Winters

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16, 1940 (month) (day) (year)

Cemetery or crematory: Funkstown Cemetery

Location: Funkstown, Md.

19. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. 11-15- 1940 (Date rec'd by registrar) Margaret B. Bowers Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14, 1940 at 8:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 39, to Nov. 14, 1940 and that I last saw her alive on November 13. 1940

Immediate cause of death: Hypertensive cardio vascular renal disease.

Due to: /

Due to: /

Other conditions: None

(Include pregnancy within 3 months of death)

DURATION
16 mos.

Major findings of operations: No operation

Date of op.

Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: L. A. Bell M. D. or other

Address: Hagerstown Md. Date signed: 11/14/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11945

Reg. Diat. No. 357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hag.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: 19 Bowers Alley

How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Washington

City or town: Hagerstown Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 19 Bowers Alley

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME Baby Boy Myers.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S.

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 9/40

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: Stillborn 0 hrs. 0 min.

9. Birthplace: Hagerstown, Md (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name: Abraham Myers

13. Birthplace: Hagerstown Md

MOTHER 14. Maiden name: Annie M. Rhodes

15. Birthplace: Hagerstown Md

18. Informant: Father

Address: Home

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md

18. Funeral director: Abraham Myers

Address:

19. Nov. 14, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 9/40 19.. at 12.20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 9 1940 to Nov 9 1940

and that I last saw h... alive on ... 19..

Immediate cause of death: Stillborn

	DURATION
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. H. Beachley M. D. or other

Address: Hagerstown Md Date signed: Nov 9/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

11950

Reg. Dist. No. 311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:

County Washington County

City or town Williamsport, Md RFD #1
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 34 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md RFD#1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Falling Waters Road Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida May Myers

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert Linchohn Myers

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Dec 28 1879

8. AGE: Years	Months	Days	If less than one day
60 yrs	10	5	hrs. min.

9. Birthplace Falling Waters Road Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Benjamine Davis

FATHER 13. Birthplace Falling Waters Rd Md

MOTHER 14. Maiden name Mary Elliott

MOTHER 15. Birthplace Falling Waters Rd Md

16. Informant Robert Myers (Husband)

Address Williamsport, Md RFD #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 5 1940 (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Williamsport, Md

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. Nov. 4. 1940 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1940, at 7.30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 1940, to Nov. 2 1940, and that I last saw h alive on Oct. 30 1940.

	DURATION
Immediate cause of death Congestion of Lungs	1 month
Due to Diabetes Mellitus	2 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. T. Zimmerman, M. D. or other

Address Williamsport Md Date signed 11-4-40

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DEC 4 1940
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93)

CERTIFICATE OF DEATH

11951

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 56 yr.

Hospital, Institution, or street address where death occurred: 43 Randolph ave.

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 43 Randolph ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Isaac V. Moore

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): apr. 8 - 1865

8. AGE:

Years	Months	Days	If less than one day
75	7	16	hrs. min.

9. Birthplace: Mooreville Wash Co Md.

(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Restaurant

FATHER 12. Name: Isaac Moore

13. Birthplace: Mooreville Md.

MOTHER 14. Maiden name: Matilda Mill

15. Birthplace: Parkhead Md.

16. Informant: Myrtle Rohrer

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 26-1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. Nov. 25, 1940 (Date rec'd by registrar) Chas. H. Boerner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-24-40 19..., at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-1-40 19..., to 11-24-40 1940

and that I last saw alive on 11/24/40 19...

Immediate cause of death	DURATION
Ca. Thyroid	5 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D.

Address Hagerstown Md Date signed 11-25-40

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Ditto

STATE OF MARYLAND—CERTIFICATE OF DEATH

11952

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (157-g)

County Washington — Registration Dist. No. 302

Village or City Hagerstown — No. Washington County Hosp. St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Walter Elwood Mummert — If U. S. Veteran, specify WAR ____

(a) Residence: No. Washington County Hosp St., Ward. Big Spring

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 31. 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Hagerstown (State or country) Maryland

FATHER

13. NAME George Elwood Mummert

14. BIRTHPLACE (city or town) Hagerstown (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Leoma Garner

16. BIRTHPLACE (city or town) Juniata (State or country) Pa.

17. INFORMANT George Elwood Mummert (Address) Big Spring. Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Macedonia Date Nov 6, 1940

19. UNDERTAKER Jacob G. Tuley (Address) Greencastle, Pa.

20. FILED Nov 6, 1940 Janet M. Folty Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 4 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1940, to November 4, 1940

I last saw him alive on November 4, 1940; death is said to have occurred on the date stated above, at 9 SSP. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis and Pylorospasm	10/31/40
Malnutrition	11/4/40

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ____

(Signed) Charles Robert Colee M. D.

(Address) Clearspring. Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulr various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If t ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed n returned as at school or at home. For a woman whose only occupation was that of home housework, write hou in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a pe who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil enginee chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise sta of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, p machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, r mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing As related causes, name earlier morbid conditions, if any, related to the principal cause and any important compl of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Exa

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date c
Attack of epilepsy	*1 we*
Run over by street car	*1 we*
Peritonitis	*3 da*
Other contributory causes of importance:	
Gastroenteritis	*1 y*

MARGIN RESERVED FOR BINDING

VS A15

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (147-C)

CERTIFICATE OF DEATH

11953

Reg. Dist. No. 3002

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

Wash. Co. Hospital

How long in hospital or institution? 2 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Boonsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No. S. Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Elizabeth Huffer Needy

3. (b) Social Security Number: none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Rudolph Needy

6.(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): June - 5 - 1911

8. AGE: Years	Months	Days	If less than one day
29	4	4	... hrs. ... min.

9. Birthplace: Boonsboro Wash. Co. Md. (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own Home

FATHER

12. Name: D. Garfield Gilbert

13. Birthplace: Boonsboro Wash. Co. Md.

MOTHER

14. Maiden name: Ena E. Huffer

15. Birthplace: Near Boonsboro Wash. Co. Md.

16. Informant: Rudolph Needy

Address: Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 12. 1940 (month) (day) (year)

Cemetery or crematory: Boonsboro Cemetary

Location: Boonsboro Md.

18. Funeral director: Clyde J. Best & Son

Address: Boonsboro Md.

19. Nov. 11. 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 24 1940, to Nov. 9 1940 and that I last saw her alive on Nov. 9 1940

Immediate cause of death	DURATION
Septicaemia, Streptococcus	10 da.
Due to: Peritonitis	5 da.
Due to: Intrapartum infection	
Other conditions: Bandl's Contraction Ring	

(Include pregnancy within 3 months of death)

Major findings of operations: Intrapartum Infection Bandl's Contraction Ring Date of op. Oct. 24 1940

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: W. B. Draper M. D. (M. D. or other)

Address: Boonsboro Md. Date signed: Nov. 10 1940

PLEASE WRITE PLAINLY. ... is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

CERTIFICATE OF DEATH

11954

Reg. Dist. No. 3 16.

1. PLACE OF DEATH:

County Washington

City or town Rural Keedysville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural Keedysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Calvin Hayes Nicodemus

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary T. Nicodemus

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1877

8. AGE: Years	Months	Days	If less than one day
63			
63	9	19	hrs. min.

9. Birthplace Keedysville - Wash. - Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Miss Ethel Nicodemus

Address Washington, D. C.

17. Burial Date thereof 11 5 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fair-View

Location Keedysville, Md.

18. Funeral director R. I. Earnshaw

Address Keedysville, Md.

19. Nov. 4, 1940 W. A. Keefer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1940, at 11 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1940, to Nov. 2 1940, and that I last saw him alive on Nov. 2 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	1936
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. Lellan M. D.
M. D. or other

Address Boonsboro, Date signed 11/3/40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1576

CERTIFICATE OF DEATH

11955

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Maugansville, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred: Maugansville, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Maugansville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Maugansville, Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Wayne Biser Pike

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November ~~X~~ 5, 1940

8. AGE: Years 0 | Months 0 | Days 10 | If less than one day ..... hrs. ..... min.

8. Birthplace: Maugansville- Wash. Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Earl D Pike
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Anna Biser
15. Birthplace: Hagerstown, Md.

16. Informant: Earl D. Pike
Address: Maugansville, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Nov. 23, 1940 (month) (day) (year)

Cemetery or crematory: Broadfording Cemetery

Location: Near Cearfoss, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Nov 23, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 22, 1940 - 4:45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-5-40 19..., to 11-22 19 40 and that I last saw him alive on 11-18-40 19...

Immediate cause of death	DURATION
Rupture of hernial sac	
Due to	17 days
of spina bifida	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E W Otto M. D. or other

Address: Hagerstown Md Date signed 11/22/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (837a)

CERTIFICATE OF DEATH

11956

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 59 yrs.
Hospital, Institution, or street address where death occurred:
Washington Co.
How long in hospital or institution? 3 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1217 Potomac ave.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Nora O. Pullen

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Divorced

6.(b) Name of husband or wife: Harry Pullen
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): June 11 - 1881

8. AGE:

Years	Months	Days	If less than one day
59	4	23	... hrs. ... min.

9. Birthplace: Hagerstown, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: own Home
FATHER 12. Name: George B. Oswald
13. Birthplace: Boonsboro, Md.
MOTHER 14. Maiden name: Lilly B. Gumbert
15. Birthplace: Hagerstown, Md
16. Informant: Edward Oswald
Address: Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 5-1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md.
19. 11-5-1940 (Date rec'd by registrar) Chas. H. Reaver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 3 1940, at 7:50 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 14 1940, to Nov 3 1940
and that I last saw her alive on Nov 3 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	10/14/40
Broncho Pneumonia	11/1/40
Due to: Arteriosclerosis	5
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: H. S. Porterfield M.D. M. D. or other
Address: 136 W. Washington St. Date signed: 11/4/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-A)

CERTIFICATE OF DEATH

11957

Reg. Dist. No. 304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County WASHINGTON.
City or town HANCOCK MD.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R F D # 1
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County WASHINGTON.
City or town HANCOCK. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R F D # 1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME LEWIS EDWARD PURNELL.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWED.

6 (b) Name of husband or wife MOLLIE ELIZABETH PURNELL 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 9 1866.

8. AGE:

Years	Months	Days	If less than one day
74	9	22	hrs. min.

9. Birthplace WASH CO MD. (Town, county, and state)
10. Usual occupation LABORER
11. Industry or business ORCHARD.
FATHER 12. Name FREDERICK PURNELL.
13. Birthplace WASH CO MD.
MOTHER 14. Maiden name MARY ELIZABETH STALEY
15. Birthplace WASH CO MD.
16. Informant SAMUEL PURNELL.
Address HANCOCK MD.
17. BURIAL. (Burial, cremation, or removal. Which?) Date thereof 11-4 1940 (month) (day) (year)
Cemetery or crematory CATALPA
Location REDAI HANCOCK MD
18. Funeral director Theodore B Jenkins
Address Hancock Md
19. 11-2 1940 T B Jenkins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 1ST 1940, at 11:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21 1940 to Nov 1 1940, and that I last saw him alive on Nov 1 1940

Immediate cause of death Chronic myocarditis

DURATION

Due to Uremia

Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E M Shaffer MD
M. D. or other
Address Hancock Date signed 11/2/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9372)

CERTIFICATE OF DEATH

11958

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 19 Glenside ave.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Washington

City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 19 Glenside Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Rebecca Schaffer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Widow

6 (b) Name of husband or wife Charles Schaffer

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1-13-51

8. AGE: Years	Months	Days	If less than one day
89	9	23	____ hrs. ____ min.

9. Birthplace Westminster, Md.
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name John Englar

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth Lightner

MOTHER 15. Birthplace Maryland

16. Informant George Fisher

Address Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 8, 1940 (month) (day) (year)

Cemetery or crematory Rriders Cem.

Location Westminster, Md.

18. Funeral director H. Bankard & Son

Address Westminster, Md.

19. Nov. 7. 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1940, at 2A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 1940, to Nov 6 1940, and that I last saw h- alive on Nov 6 1940.

Immediate cause of death	DURATION
Myocardial dilitation	10/31/40
Myocarditis Chr	?
Due to arteriosclerosis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M. D. or other

Address 136 W Washington St Date signed 11/6/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-C

CERTIFICATE OF DEATH

11959

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 yrs -

Hospital, institution, or street address where death occurred: Wash. Co Hospital

How long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown, Rt 3

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Cedar Lawn.

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: B. Robert Schindel.

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: none

6.(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.): Jany 16 - 1925 -

8. AGE:

Years	Months	Days	If less than one day
15	10	12	..... hrs. ..... min.

9. Birthplace: Hagerstown, Wash. Co Md (Town, county, and state)

10. Usual occupation: In School -

11. Industry or business

FATHER

12. Name: B. Randolph Schindel

13. Birthplace: Hagerstown Md.

MOTHER

14. Maiden name: Myrtle Sands -

15. Birthplace: Smithsburg Md.

16. Informant: Hubert Schindel

Address: Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 1 - 1940 (month) (day) (year)

Cemetery or crematory: Rest Haven

Location: Hagerstown Md

18. Funeral director: Andrew K. Cossman

Address: Hagerstown Md

19. Nov 29, 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 28 1940 at 10:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw him alive on ..... 19.....

Immediate cause of death	DURATION
Open fracture of skull, occipital region	11/28/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 11/28/40

Where did injury occur? Hopewell (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) U.S. 40 Hopewell, Md.

Means of injury: Struck by auto. Injured at work? No

23. SIGNATURE: D. Robert Wells DEPUTY MEDICAL EXA WASH. CO., MD. M. D. or

Address: Hagerstown, Md. Date signed 11/29/40

Dr. Wells.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

11960

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:

County: Washington

City or town: Sharpsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1004 N. charles St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: MAY IRENE SENCINDIVER

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 22,1913

8. AGE:

Years	Months	Days	If less than one day
27	5	18	..... hrs. ..... min.

9. Birthplace: Berkeley County- W. Va.
(Town, county, and state)

10. Usual occupation: Cashier

11. Industry or business: Baltimore Market

FATHER
12. Name: James W. Sencindiver
13. Birthplace: Berkeley County

MOTHER
14. Maiden name: Myrtle Eversole
15. Birthplace: Berkeley County

16. Informant: Kogelschatz and Coffman

Address: Martinsburg W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11 (month) 13 (day) 1940 (year)

Cemetery or crematory: Tuscarora

Location: Martinsburg W. Va.

18. Funeral director: R. I. Earnshaw

Address: Keedysville

19. 11-13 1940 (Date rec'd by registrar) Ely Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9 1940, at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw her alive on ..... 19.....

Immediate cause of death	DURATION
Fractured Skull	11-9-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: accident- Date of: Nov. 9 '40

Where did injury occur? Sharpsburg (City or town) Wash (County) Md (State)

Injured at home, farm, industry, public place (where?): U.S. Highway

Means of injury: Auto Hinds Tree Injured at work? No

23. SIGNATURE: J. Robert Wells Deput Med. Ex. Wash. Co., Md. M. D. or other

Address: Hagerstown, Md. Date signed: 11/10/40

RECEIVED
DEC 7 1940
[illegible] V. B.

(M)

(S)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

11961

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ~~None~~

Hospital, institution, or street address where death occurred: 1217 W Washington St

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1217 W. Washington St

(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Still Born child of Lloyd Shank

3.(b) Social Security Number none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife none.

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 12 - 1940

8. AGE: Years — Months — Days — If less than one day ..... hrs. ..... min.

9. Birthplace Hagerstown Wash Co Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business none.

FATHER

12. Name Lloyd Shank

13. Birthplace Mercersburg Pa

MOTHER

14. Maiden name Pearl Bussard

15. Birthplace Clearspring Md.

16. Informant Lloyd M. Shank

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov 13 - 1940 (month) (day) (year)

Cemetery or crematory Dunkard Cemetery

Location Broadfording Md.

18. Funeral director Andrew W. Coffman

Address Hagerstown Md

19. Nov. 12, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1940, at 12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1940, to Nov 12 1940 and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Long drawn out labor in elderly primip. — DURATION: Stillborn

Due to: primipera

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE W. D. Layman, M.D. M. D. or other

Address 113 W. Washington St Date signed 11/12/40

Dr Layman.

1217

RECEIVED
DEC 6 1940
[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

11962

CERTIFICATE OF DEATH

Reg. Dist. No. 7306

1. PLACE OF DEATH:

County: Washington

City or town: Smithsburg Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 yr.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? no.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Smithsburg Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.: none

(If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Alice, B. Shank.

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6.(a) Single, ~~married, widowed, or divorced~~: Single

6.(b) Name of husband or wife: No Husband

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): 12-15-1863

8. AGE: Years: 76 Months: 10 Days: 20 If less than one day: — hrs. — min.

9. Birthplace: Smithsburg Wash. Co Md (Town, county, and state)

10. Usual occupation: House Keeping

11. Industry or business: none

FATHER

12. Name: Adam Shank.

13. Birthplace: Smithsburg Md

MOTHER

14. Maiden name: Catherine Shoop

15. Birthplace: Greensburg Wash Co Md

16. Informant: John Shank.

Address: Smithsburg Md

17. Date thereof: 11-7-1940 (Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory: Cave Town Cemetery.

Location: Smithsburg Md

18. Funeral director: Geo. B. Hoover

Address: Smithsburg Md

19. Nov. 18th 1940 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 5 1940, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 1940, to Nov 5 1940 and that I last saw her alive on Nov 5 1940

Immediate cause of death: Pulmonary Embolism — DURATION: 1 hour

Due to: Chronic Myocarditis & Arterio Sclerosis — 6 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: G. A. Kohler M. D. or other

Address: Smithsburg Date signed: 11/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1948
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11963

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
419 Carlton Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 419 Carlton Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Female Child of Raymond Shantz

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 10, 1940

8. AGE: Years Stillborn | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Hagerstown- Wash.- Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Raymond Shantz
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden name Helen V. Smith
15. Birthplace Hagerstown, Md.

16. Informant Raymond V. Shantz
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 11, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Nov. 10, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1940 19 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/10/40 19 ..., to 11/10/40 19 ..., and that I last saw alive on ..... 19 ....

Immediate cause of death Strangulation in delivery — DURATION 10 min

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address ..... Date signed

RECEIVED
DEC 6 1940
BUREAU V. S.

The street is
Cassoulton Ave.

Birth certificate not
read yet

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (54-B)

CERTIFICATE OF DEATH

11964

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington County
City or town Hagerstown RFD #5 near Security
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown RFd #5 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. W. S. Miller Farm near Security
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Tawnrose Dailey Shipley

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Maud Viola Melott
6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) March 21 1882

8. AGE: Years	Months	Days	If less than one day
58	8	1	hrs. min.

9. Birthplace Downsville District
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farmer

FATHER
12. Name William Shipley
13. Birthplace Downsville District Md

MOTHER
14. Maiden name Urilla Hammond
15. Birthplace Downsville Dist. Md

16. Informant Maud Viola Farm
Address Hagerstown RFD # W. S. Miller

17. Burial Date thereof Nov 25 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bakersville Cemetery
Location Near Bakersville Md.

18. Funeral director Edith V Leaf
Address Williamsport, Md

19. Nov 25, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/22/40, 19, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-40, 19, to 11/22/40, 19,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Cancer of brain	10 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Date signed

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-L)

CERTIFICATE OF DEATH

11965

Reg. Diat. No. 303

1. PLACE OF DEATH:

County: Washington

City or town: Charlton- Rural Clearspring Dist
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 85 years.

Hospital, Institution, or street address where death occurred:
Residence- Charlton

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Charlton- Rural Clearspring Dist
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Joseph Shupp

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Mary Shupp

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 28, 1855

8. AGE: Years	Months	Days	If less than one day
85	2	8	..... hrs. ..... min.

8. Birthplace: Washington County, Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Abraham Shupp
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Anna Smith
15. Birthplace: Washington County, Md.

16. Informant: John Shupp,
Address: Big Spring, Md. R F D

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 8, 1940 (month) (day) (year)

Cemetery or crematory: Mennonite Cemetery

Location: Near Clearspring, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Nov 8 1940 (Date rec'd by registrar) Joseph W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 5 1940, at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 29 1938, to Nov. 5 1940

and that I last saw him alive on November 4 1940

Immediate cause of death	DURATION
Terminal Hypostatic Pneumonia	5 days
Due to: Arteriosclerotic cardio-vascular disease	??
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op. None

Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Archie Robert Cohen M. D.

Address: Clearspring, Md. Date signed 11/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 7 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-c)

CERTIFICATE OF DEATH

11966

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Pleasantville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 90 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Pleasantville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jasper Alexander Smith

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie Margaret Merritt
6(c) If alive, give age: 77 years
7. Birth date of deceased (mo., day, yr.): October 15, 1850
8. AGE: Years: 90 Months: 1 Days: 10 If less than one day: hrs. min.
9. Birthplace: Pleasantville, Washington Co., Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Farm
FATHER 12. Name: Christian Smith
13. Birthplace: Maryland
MOTHER 14. Maiden name: Sarah Jane Peacher
15. Birthplace: West Virginia
16. Informant: Mrs. Jasper Smith
Address: Harpers Ferry, West Va. R.F.D. #1
17. Burial (Burial, cremation, or removal. Which?) Date thereof November 27, 1940 (month) (day) (year)
Cemetery or crematory: Samples Manor
Location: Samples Manor, Maryland
18. Funeral director: J. H. Eackles
Address: Bolivar, West Va.
19. Nov 26 1940 (Date rec'd by registrar) Cornelius N. Castle Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1940, at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1940, to June 8 1940, and that I last saw h-im alive on June 8 1940.

Immediate cause of death: Probably heart disease as he had a heart condition when I last
Due to: attended him. Was found dead in bed -
Due to:
Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. C. Johnson M. D. or other
Address Harpers Ferry W. Va. Date signed 11/26/1940

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (48-B)

11967

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
County Washington
City or town Smithsburg #2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Washington
City or town Smithsburg Md #2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary C Smith
3. (b) Social Security Number: ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Walter L Smith
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 12 1886
8. AGE: Years 53 Months 7 Days 8 If less than one day ____ hrs. ____ min.
9. Birthplace: Smithsburg Md (Town, county, and state)
10. Usual occupation: House Work
11. Industry or business
FATHER
12. Name: George W Payne
13. Birthplace: Garfield Md
MOTHER
14. Maiden name: Elezabeth Holtzman
15. Birthplace: Frederick Co Md
16. Informant: Walter L Smith
Address: Smithsburg Md #2
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-23-40 (month) (day) (year)
Cemetery or crematory: Smithsburg Cemetery
Location: Smithsburg Md
18. Funeral director: Walter Y Grove
Address: Waynesboro Pa
19. Nov 23 1940 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 20 1940, at 1:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1940, to Nov 20 1940, and that I last saw her alive on Nov 20 1940.

Immediate cause of death	DURATION
Carcinomatosis	3 mos
Due to Carcinoma of veteran + parametrium	2 yrs 6 mos
Due to	
Other conditions ✓	

(Include pregnancy within 3 months of death)
Major findings: ✓
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ____ Injured at work?

23. SIGNATURE: G. A. Kohler M. D. or other
Address: Smithsburg Date signed 11/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-a)

Reg. Dist. No. 303

CERTIFICATE OF DEATH

11968

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Clear Spring (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3 Years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Washington

(c) City or town Clear Spring Md (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie A Speck

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ John P Speck

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16 - 1854

8. AGE: Years 86 | Months 9 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Mercersburg Pa (Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER

12. Name unknown

13. Birthplace

MOTHER

14. Maiden Name unknown

15. Birthplace

16 (a) Informant Fred. Speck

(b) Address Clear Spring Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1940 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Greencastle

18 (a) Funeral director Snyder Rowland

(b) Address Clear Spring Md

19 (a) Dec 1 1940 (Date rec'd by registrar) (b) Joseph W. Tilghman Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 29 1940, at 3.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1937, to Nov 29 1940, and that I last saw him alive on Nov. 29 1940.

Immediate cause of death CARDIAC DILATATION, ACUTE — Duration 12 HRS.

Due to Hypertension Cardio Vascular Renal Disease — ?

Due to CHRONIC GALL BLADDER Disease — ?

Other conditions Carcinoma Stomach, General Debility

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clarence Robertson M. D.

Address Clear Spring Md Date signed 11/30/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (1160) Reg. Dist. No. 304

CERTIFICATE OF DEATH

11969

VS. A15 MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Hancock, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 30 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Hancock, Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mary Martha Stein

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~ John W. Stein

6. (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Feb. 26 1863

8. **AGE:** Years 77 | Months 8 | Days 6 | If less than one day ____hr. ____min.

9. Birthplace Fulton Co. Pa. (Town, county, and state)

10. Usual occupation Home work

11. Industry or business

FATHER 12. Name Elias Clevenger

13. Birthplace Fulton Co. Pa.

MOTHER 14. Maiden Name Elizabeth Palmer

15. Birthplace Fulton Co. Pa.

16 (a) Informant Marshal Stein

(b) Address Hancock, Md. Rural

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4 1940 (month) (day) (year)

(c) Cemetery or crematory Presbyterian

Location Hancock, Md.

18 (a) Funeral director Snyder - Rowland

(b) Address Hancock, Md.

19 (a) 11/4/40 (Date rec'd by registrar) (b) J P Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 1 1940, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1/40 19__ to 9/1/40 19__, and that I last saw him alive on Oct now 19 40.

Immediate cause of death	Duration
Uremia	
Due to fracture pelvis	
Due to Accidental fall; in her home; August 1st, 1940. Cor.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide, or homicide~~ Accident.

(b) Date of occurrence August 1st, 1940.

(c) Where did injury occur? In Her home (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Corner (Specify type of place) While at work?

(e) Means of injury Accidental fall.

23. Signature H M Shaffer MD (M. D. or other)

Address Hancock Date signed 11/3/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (44-2)

CERTIFICATE OF DEATH

11970

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Washington County
City or town: Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Walter Chritzman Stenger

3. (b) Social Security Number: 215-09-7444

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margie May Stenger
6(c) If alive, give age: 53 years

7. Birthdate of deceased (mo., day, yr.): April 20 1940

8. AGE: Years	Months	Days	If less than one day
52	6	19	hrs. min.

9. Birthplace: Pa.
(Town, county, and state)

10. Usual occupation: Foreman Dye Dept

11. Industry or business: Byrons Tannery

FATHER
12. Name: Harry Stenger
13. Birthplace: Fulton Co. Pa.

MOTHER
14. Maiden name: Flora Wolf
15. Birthplace: Washington Co. Md.

16. Informant: Margie May Stenger
Address: Williamsport, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 11 1940 (month) (day) (year)
Cemetery or crematory: Riverview Cemetery
Location: Williamsport, Md

18. Funeral director: Edith V Leaf
Address: Williamsport, Md

19. Nov. 10 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/8/40 19 , at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/12/40 19 , to 11/8/40 19 , and that I last saw h alive on 11/8/40. 19

Immediate cause of death	DURATION
Hodgkins Disease	1 yr.
Due to Secondary Anemia with Cachexia	6 mos.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Biopsy at Hagerstown (Sept. 16 mos. ago.
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C. F. Young M. D. or other
Address: Williamsport, Md Date signed 11/11/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

11971

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: Wash Co Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 180 S Virginia Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME Miss. Ida Sterner

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 7 1867

8. AGE: Years 73 | Months 9 | Days 6 | If less than one day ..... hrs. ..... min.

9. Birthplace Union Township Adams Co Pa

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name William H Sterner

13. Birthplace Littlestown Pa

MOTHER 14. Maiden name Amanda Musselman

15. Birthplace Littlestown Pa

16. Informant Rev. W. R. Hartzel

Address Hagerstown. Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov 14 1940 (month) (day) (year)

Cemetery or crematory Mt Olivet Cemetery

Location Hanover. Pa

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Nov 13 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 13 1940

and that I last saw her alive on Nov 13 1940

Immediate cause of death	DURATION
Arteriosclerosis	5 yrs
Apoplexy	1 wk
Due to	
Due to	
Other conditions Chr. Myocarditis	1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert P. Conrad, M.D.

M. D. or other

Address Hagerstown, Md Date signed 11-14-40

M Conrad

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 300

11972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Sharpsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2 East Biddle Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: ETHEL MARCIA STONER

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Russel Stoner

6.(c) If alive, give age: 27 years

7. Birth date of deceased (mo., day, yr.): May 7, ~~194~~ 1906

8. AGE: Years	Months	Days	If less than one day
34	6	2	...hrs. ...min.

9. Birthplace: Martinsburg - Berkeley - W. Va.
(Town, county, and state)

10. Usual occupation: Stenographer

11. Industry or business: Carp Water

FATHER
12. Name: Walter Sakeman
13. Birthplace: Martinsburg W. Va.

MOTHER
14. Maiden name: Fanny Hess
15. Birthplace: Martinsburg W. Va.

16. Informant: Kegelschatz and Coffman
Address: Martinsburg W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11 (month) 13 (day) 1940 (year)

Cemetery or crematory: Green-Hill

Location: Martinsburg W. Va.

18. Funeral director: R. I. Earnshaw

Address: Keedysville, Md.

19. 11-13 (Date rec'd by registrar) 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9 1940 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Fractured Skull	11-9-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Nov. 9 '40

Where did injury occur? Sharpsburg (City or town) Washington (County) Md. (State)

Injured at home, farm, industry, public place (where?): U.S. 40 Highway

Means of injury: Auto struck tree Injured at work? No

23. SIGNATURE: Deputy Med. Ex. Robert Keller Wash. Co. Md. M. D. or Coroner

Address: Hagerstown Md. Date signed: Nov. 10 '40

RECEIVED
DEC 7 1940
KIMBALL, N. B.

11973

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, Institution, or street address where death occurred: 308 North Jonathan

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 308 North Jonathan (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Robert Franklin Taylor

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 22 - 1931

8. AGE: Years 9 | Months 4 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace Hagerstown Md (Town, county, and state)

10. Usual occupation Youth

11. Industry or business

FATHER 12. Name Franklin Brown

13. Birthplace Hagerstown Md

MOTHER 14. Maiden name Mildred Taylor

15. Birthplace New Market Va

16. Informant Mildred Taylor

Address 308 N Jonathan St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-11-40 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md

18. Funeral director John M Caldwell

Address Hagerstown Md

19. 11-9- 1940 (Date rec'd by registrar) Margaret B. Bowers Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7, 1940, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 6, 1940, to Nov 7 1940 and that I last saw him alive on Nov. 7, 1940 19

Immediate cause of death: Tuberculous Meningitis — DURATION: 6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B B Kinsley M.D. M. D. or other

Address Hagerstown Md. Date signed 11/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92d)

Reg. Dist. No. 803

11974

CERTIFICATE OF DEATH

VS. A15 — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Big Spring Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Big Spring Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Samuel S. Taylor

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida M. Taylor

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 23 - 1860

8. AGE: Years 80 | Months 7 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Washington Co
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Samuel Taylor

FATHER 13. Birthplace Washington Co

MOTHER 14. Maiden Name Elizabeth Bowers

MOTHER 15. Birthplace Washington Co

16 (a) Informant Mrs Samuel Taylor

(b) Address Big Spring Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Rose Hill

Location Clear Spring Md

18 (a) Funeral director Snyder & Rowland

(b) Address Clear Spring Md

19 (a) Nov 19 1940 (Date rec'd by registrar) (b) Joseph W. Murray Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 19 1940, at 3:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1. 1940, to Nov. 19. 1940 and that I last saw him alive on Nov. 18. 1940.

	Duration
Immediate cause of death: Myocardial Sclerosis with Chronic Valvular	4 yrs.
Due to: Disease	
Due to:	
Other conditions: Arterio Sclerosis	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David P. Brewer M.D. (M. D. or other)

Address Clear Spring Md Date signed 11/19/40.

RECEIVED
DEC 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (81-a)

11975

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years.

Hospital, institution, or street address where death occurred: 6 days

How long in hospital or institution? Wash. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 114 West Antietam
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Floyd K. Tosten

3.(b) Social Security Number: 214-09-2419

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Edith Tosten

6.(c) If alive, give age: 22 years

7. Birth date of deceased (mo., day, yr.): Jan 31, 1913.

8. AGE:

Years	Months	Days	If less than one day
27	8	10	..... hrs. ..... min.

9. Birthplace: Franklyn County, Penna.
(Town, county, and state)

10. Usual occupation: Lumber mill

11. Industry or business: Floring lumber.

FATHER
12. Name: Lewis Tosten
13. Birthplace: Mercersburg, Penna.

MOTHER
14. Maiden name: Rosa Shrsder
15. Birthplace: Lanark, Ill.

16. Informant: Lewis Tosten (Father)

Address: Hagrestown.Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 13, 1940 (month) (day) (year)

Cemetery or crematory: Browns Mills., Penna

Location: Franklyn County, Penna.

18. Funeral director: Fred W. Kraiss.

Address: Hagerstown.

19. Nov 10, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 10 1940, at 10/2 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 1 - 1940, to Nov 10 1940 and that I last saw ~~he~~ alive on Nov 10 - 40 19

Immediate cause of death: Meningitis — DURATION: 10 days

Due to: Streptococci (hemolytic)

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Hagerstown Md Date signed: 11/11/40

VS A15 (M) MARGIN RESERVED FOR BINDING (I) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (T)

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

11976

Reg. Diat. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 666 N. Prospect St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 666 N. Prospect St.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME: Mida M. Triggs

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: William Triggs
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 16 - 1892

8. AGE:

Years	Months	Days	If less than one day
48	4	8	..... hrs. ..... min.

9. Birthplace: Harper Ferry, (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Peter Hencion
13. Birthplace: not known.

MOTHER
14. Maiden name: not known
15. Birthplace: " "

16. Informant: William Triggs
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 27-1940 (month) (day) (year)
Cemetery or crematory: Green Hill
Location: Martinsburg, W. Va.

18. Funeral director: C. M. Sites & Sons
Address: Hagerstown, Md.

19. Nov. 26 1940 (Date rec'd by registrar) Edward H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/24/40 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-1-40 19..... to 11/24/40 19..... and that I last saw h.. alive on 11/24/40 19.....

Immediate cause of death:	DURATION
Cerebral Apoplexy	4 days
Due to:	
Due to:	
Other conditions: Hypertension Heart Disease (Include pregnancy within 3 months of death)	2 yr

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Hagerstown Md. Date signed 11/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1b

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

11977

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:
1005 Pope Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1005 Pope Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Monie F. Watson

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife John H. Watson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 22, 1864

8. AGE:

Years	Months	Days	If less than one day
75	11	17	..... hrs. ..... min.

9. Birthplace Frederick County, Md.
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER
12. Name Tilghman Watson
13. Birthplace Frederick County, Md.

MOTHER
14. Maiden name Elizabeth Wakenight
15. Birthplace Frederick County, Md.

16. Informant Roy C. Watson,
Address Hagerstown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 10, 1940
(month) (day) (year)

Cemetery or crematory Funkstown Cemetery

Location Funkstown, Md.

18. Funeral director Fred W. Kraiss,
Address Hagerstown, Md.

19. Nov 10, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1940 19 3:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 4 1940, to Nov. 8 1940 and that I last saw her alive on Nov. 8 - 1940 19

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Cardiovascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION Nov. 4 1940

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sidney Novenstein
M. D. or other

Address Funkstown Md Date signed Nov. 9 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

11978

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 85 yr
~~Hospital~~, Institution, or street address where death occurred: 1018 The Terrace
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1018 The Terrace
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME Cora H. Weber

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: white
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or ~~wife~~: Peter S. Weber
6.(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Jan. 31 - 1855

8. AGE: Years 85 | Months 9 | Days 5 | If less than one day ... hrs. ... min.

9. Birthplace: Hagerstown, Wash. Co. Md
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER
12. Name: Thomas E. Schleigh
13. Birthplace: Hagerstown, Md.
MOTHER
14. Maiden name: Elanora Krebs.
15. Birthplace: Hagerstown, Md.
16. Informant: Mrs. Homer P. Middlekauff
Address: Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 7 - 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Rest Haven
Location: Hagerstown, Md.
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md
19. 11 - 6 - 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 5 1940, at 3:15 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5 1940, to Nov. 5 1940
and that I last saw her alive on Nov. 4 1940
Immediate cause of death: Coronary occlusion — DURATION: 15 min
Due to:
Due to:
Other conditions: Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings of operations: 0
Date of op.
Autopsy results: 0
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 0
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R B Nowent MD M. D. or other
Address: Hagerstown Md Date signed: 11/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11979

Reg. Dist. No. 307

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown R D 2 Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:
Hagerstown, R D 2 Rural

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Rural- Hagerstown, Md. RD 2
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Route 40 6 mi. West-Hagerstown
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Ida J. Wilson

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Frank Wilson

6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): June 18, 1884

8. AGE: Years	Months	Days	If less than one day
56	4	27	...hrs. ...min.

9. Birthplace: Hagerstown Wash Md.
(Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business

FATHER
12. Name: Martin Baker
13. Birthplace: Wash. Co., Md.

MOTHER
14. Maiden name: Esther ----------
15. Birthplace: Wash. Co., Md.

18. Informant: James Wilson
Address: Hagerstown, Md. R D 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 16, 1940 (month) (day) (year)

Cemetery or crematory: Rest Haven Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. 11-15-1940 (Date rec'd by registrar) Margaret B. Bowers Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14, 1940 19 2:25 A.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/17/39 19... to 11/14/40 18...

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Congestive Heart failure	1 yr
Due to	
Due to	
Other conditions: Cancer Liver	1 yr

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Date signed:

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

11980

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 mos.

Hospital, institution, or street address where death occurred: 31 E. Antietam St.

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 31 E Antietam St (If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Mrs Isabelle Wilson.

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Married.

6.(b) Name of husband or wife: Lewis F.

6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) March. 8-1868

8. AGE: Years 72 | Months 8 | Days 9. | If less than one day ..... hrs. ..... min.

9. Birthplace Martinsburg Bulaley Co. W. Va (Town, county, and state)

10. Usual occupation Housework

11. Industry or business own home.

FATHER
12. Name Charles C. Price
13. Birthplace Burlington N. J.

MOTHER
14. Maiden name Eliza Ann Martin
15. Birthplace Maine Va.

16. Informant Mrs. Daisy Cook

Address Martinsburg W. Va

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov. 19-1940 (month) (day) (year)

Cemetery or crematory Mt. View Cemetery

Location Sharpsburg. Md

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Nov. 19, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1940, at 11.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 28. 1938, to Nov. 17 1940 and that I last saw her alive on Nov. 17. 1940

Immediate cause of death: Chronic myocarditis — DURATION 2 yrs 9 m.

Due to

Due to

Other conditions General arteriosclerosis (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE R B Nowert MD M. D. or other

Address Hagerstown Md Date signed 11/18/40

Dr. Norment

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (178-B)

CERTIFICATE OF DEATH

11981

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, Institution, or street address where death occurred: 319 N. Cannon Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 319 N. Cannon Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Virgil Ray Wise

3. (b) Social Security Number: 078-05-1120 (also 214-22-3983)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Marie Wise

6.(c) If alive, give age: 20 years

7. Birth date of deceased (mo., day, yr.): October 5, 1919

8. AGE: Years	Months	Days	If less than one day
21	0	27	....hrs. ....min.

9. Birthplace: Wolfsville-Fredk.- Md. (Town, county, and state)

10. Usual occupation: Gasoline Filling Station employee

11. Industry or business

FATHER

12. Name: Ivan Lee Wise

13. Birthplace: Frederick Co., Md.

MOTHER

14. Maiden name: Iva T. Kline

15. Birthplace: Frederick Co., Md.

16. Informant: Mrs. Iva T. Wise,

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 4, 1940 (month) (day) (year)

Cemetery or crematory: Lutheran Cemetery

Location: Wolfsville, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Nov 3, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 1 1940, at 1.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ....19...., to ....19....

and that I last saw h...im alive on ....19....

Immediate cause of death	DURATION
Carbon monoxide poisoning	11/1/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: as above 11/1/40

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 11/1/40

Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?): gargge at home

Means of injury: went to sleep in auto. Injured at work? no

23. SIGNATURE: D. Rahn Wells DEPUTY MEDICAL EXA... WASH. CO., MD. M. D. or other

Address: Hagerstown, Md. Date signed: Nov. 2, 1940

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-E)

CERTIFICATE OF DEATH

11982

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Leitersburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 67 yrs.
Hospital, Institution, or street address where death occurred: near Leitersburg
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town near Leitersburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. Millers Church Rd
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME Clarence Smith Wolfinger

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widower.
6.(b) Name of husband or wife: Lula
6.(c) If alive, give age ——— years
7. Birth date of deceased (mo., day, yr.): Nov - 23 - 1873

8. AGE: Years 66 | Months 11 | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace: Leitersburg Wash. Co. Md. (Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business: own Farm.

FATHER
12. Name: John O. Wolfinger
13. Birthplace: Leitersburg Md.

MOTHER
14. Maiden name: Mary Cath Smith
15. Birthplace: Rock Forge Pa.

16. Informant: Mrs Blanche Eckstine
Address: Hagerstown Md R#4

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 21 - 1940 (month) (day) (year)
Cemetery or crematory: Green Hill Cem
Location: Waynesboro Pa.

18. Funeral director: Andrew K. Coffman
Address: Hagerstown Md

19. Nov. 20, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1940, at 10:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 17 1940, to Nov 19 1940 and that I last saw him alive on Nov 19 1940

Immediate cause of death	DURATION
Pulmonary Emboli	14 hrs
Due to Mitral Stenosis	20 yrs
Hypertrophy Lt Heart	3 yrs
Due to Arteriosclerosis	3 yrs
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations —
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE G. A. Kohler M. D. or other
Address Smithsburg Date signed 11/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M. Kohler Dr Yeager.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

11983

Reg. Diat. No. 302

1. PLACE OF DEATH

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 1/2 years

Hospital, Institution, or street address where death occurred:

9 N Easmat St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 9 N Easmat

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Annie M. Worthington

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Widow

6.(b) Name of husband or wife William Worthington

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 26 - 1866

8. AGE:

Years	Months	Days	If less than one day
74	5	13	..... hrs. ..... min.

9. Birthplace Fiddlesburg Washington Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name James F. Slick

13. Birthplace Rohrersville Md.

MOTHER

14. Maiden name Christianna Daugherty

15. Birthplace Fiddlesburg Md

16. Informant Chas. E. Slick

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 11 - 1940 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md

18. Funeral director Scott F. Minnick Son

Address Hagerstown Md

19. 11 - 11 - 1940 (Date rec'd by registrar) Margaret B. Bowers Deputy Registrar

Dr Wells

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1940, at 7.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1937, to Nov. 8 1940

and that I last saw her alive on Nov. 8 '40 1940

Immediate cause of death	DURATION
Acute ventricular Fibrillation	11/9/40
Due to Chr. myocarditis	1936
Due to auricular fibrillation	1935
Due to Chr. interstitial nephritis	1936
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells M.D.

M. D.

Address Hagerstown, Md. Date signed Nov. 10 '40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1940
U. V. S.